

# GENERAL SITE INFORMATION FORM ANSWERS

**PLEASE ENTER:**EPA/State ID number: WAD988510731Site name: Long Services Corporation**FOR ECOLOGY USE ONLY:**

Date received: \_\_\_\_\_

**A. Site Information****A-1. What is your EPA/State ID Number?**WA D 9 8 8 5 1 0 7 3 1**A-2. What is the name of this site (i.e., the company/agency to which the EPA/State ID Number is assigned)?** If your company has more than one site by the same name in Washington, provide a site identifier here (e.g., ACME-Everett v. ACME-Auburn). \_\_\_\_\_Long Services Corporation**A-3. What is your Washington Department of Revenue Tax Registration Account Number (also known as the United Business Identifier—UBI)?**6 0 0 - 5 8 9 - 7 6 9

(Please enter the nine digits only; do not enter any letters preceding the number. This number is assigned to your business's Tax Registration Account by the Department of Revenue. Contact your fiscal office or the Department of Revenue if you do not know your registration number. Do not use your federal tax number here. If you are a tax-exempt agency, enter "NA" in the first two spaces and leave the other spaces blank; the Department of Revenue will construct a number for you for dangerous waste fee purposes only, and Ecology will maintain records of that number internally.)

For the name and address information requested below, if you need to repeat a particular name or address for more than one question, you may simply specify "Same as question XX" (e.g., if the location address in question A-5 is the same as the mailing address in question A-4, write "Same as A-4" in the space for question A-5).

Please read questions A-4 through A-11 *before* completing any of the information. This will help you avoid having to correct portions of the form. Do *not* leave any of the following questions *blank*—you must at least write "Same as..." on the first line of each question.

**A-4. What is the mailing address for the company/agency?** (i.e., where should Ecology send future form packets and correspondence?)Street Address or PO Box P.O. Box 81435City, State, Zip Code Seattle, WA 98108**USEPA SF****1410148**Page 1

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**A-5. What is the location address of the company/agency at this site?** (i.e., enter the street address or geographic location. If a street address is not available, please provide nearby cross-streets for reference; you may also use Township, Section, and Range information. Do not provide PO Box or rural mail route address.)

Street Address 8230 5th Avenue South  
 City, State, Zip Code Seattle, WA 98108  
 County King

**A-6. Who is the legal owner of the company/agency?** (Please provide information regarding the person, company, or agency that owns this business.)

Name Ty Long  
 Street Address or PO Box P.O. Box 81435  
 City, State, Zip Code Seattle, WA 98108  
 County King  
 Phone ( 206 ) 763 - 8050

**A-7. Has the owner of the company/agency changed since you last reported?**

☒ No (If no, skip to A-8.)      ☐ Yes (If yes, answer A-7.a.)



**A-7.a. Please provide the date on which the ownership changed.**  
 (mm/dd/yy) — — / — — / — —

If the ownership of the business has changed since you last reported a Notification Form (Form 2) or the Annual Report forms, you will be required to complete a new Notification Form. Please call Ecology at 206/407-6737.

**A-8. Who is the operator of the company/agency responsible for the dangerous waste handling activity?** (Please provide information regarding the company or agency responsible for the overall operation of this business.)

Name Mike Cassidy  
 Street Address or PO Box P.O. Box 81435  
 City, State, Zip Code Seattle, WA 98108  
 County King  
 Phone ( 206 ) 763 - 8433

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- A-9. Who owns the property (real estate) on which the company/agency is located?** (Please provide information regarding the person, company, or agency that owns this property.)

**PLEASE ENTER:**

EPA/State ID number: WAD988510731

Site name: Long Services Corporation

Name and Title Ty Long

Street Address or PO Box P.O. Box 81435

City, State, Zip Code Seattle, WA 98108

County King

Phone ( 206 ) 763 - 8050

- A-10. Whom should Ecology contact on-site regarding site visits and inspections of the company/agency?** (If the individual whom Ecology should contact is not located on-site, enter the correct address and phone number for that individual's location.)

Name and Title Mike Cassidy, President

Street Address or PO Box P.O. Box 81435

City, State, Zip Code Seattle, WA 98108

County King

Phone ( 206 ) 763 - 8433

- A-11. Whom should Ecology contact if clarification is needed on this form?**

Name and Title Mike Cassidy, President

Street Address or PO Box P.O. Box 81435

City, State, Zip Code Seattle, WA 98108

County King

Phone ( 206 ) 763 - 8433

- A-12. Please enter the four-digit Standard Industrial Classification (SIC) code that best describes the principal products or services rendered at this site.** (If more than one code applies, please enter the primary SIC code—the code that *best* describes your business's products or services—in the space for the primary number below. This is the SIC code under which your business is registered with the Washington Department of Revenue. You may list up to three other relevant SIC codes in the additional spaces below. A list of SIC codes can be found on pages 27-38 of *Book 2: Guidebook and Codes*.)

1. 11510 (primary) 2.        3.        4.





**B. Site Dangerous Waste Activity Information****B-1. Did the company/agency generate dangerous waste in 1995?**

- ☒ No (If no, answer **B-1.b.**) ☐ Yes (If yes, answer **B-1.a.**)

**B-1.a. What is your generator status?** (Check one box. If you are not sure of your generator status, refer to Worksheet #1 beginning on page 7.)

- ☐ Large Quantity Generator (proceed to **B-2**)  
☐ Medium Quantity Generator (proceed to **B-2**)  
☐ Small Quantity Generator: Maximum accumulation or monthly generation quantity: \_\_\_\_\_ pounds

(NOTE: Small Quantity Generators who are not required to report for other reasons—e.g., because they are a TSDR—now may skip to the Certification on page 21 and return *only* this GSI Form to Ecology. SQGs are *not* required to provide any additional information on this or any other Annual Report form.)

**B-1.b. If the company/agency did NOT generate dangerous waste in 1995, please indicate the reason(s) below.** (Check all reasons that apply.)

- ☒ We never generated dangerous waste.  
☐ We generate dangerous waste only occasionally and did not generate waste in 1995.  
☒ We are a dangerous waste transporter only.  
☐ We have gone out of business. Date closed: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ The waste we generate is exempt from state and federal dangerous waste regulation.  
☐ Other (please specify): \_\_\_\_\_

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GENERAL SITE INFORMATION FORM

PLEASE ENTER:

EPA/State ID number: WAD988501731

Site name: Long Services Corporation

**B-2. Does the company/agency treat, store, recycle, or dispose of dangerous waste?** (This does not include treatment-by-generator activity and permit-by-rule activity [see the Definitions section of *Book 2: Guidebook and Codes*]. Information on treatment-by-generator and permit-by-rule activity will be captured in the GM Form for those generators conducting on-site treatment activities. Generators conducting either permit-by-rule or treatment-by-generator activity but no other treatment, storage, recycling, or disposal activity should answer "No" to this question.)

☐ Yes (If yes, answer **B-2.a.**)

☒ No

(If no, LQGs should skip to **Section C**, below. All other sites should skip to **Section D, Comments**, on page 20, if appropriate; otherwise, skip to the Certification on page 21.)

**B-2.a. Is the company/agency exempt from reporting its dangerous waste treatment, storage, recycling, and disposal activities?**

☐ Yes (If yes, specify one of the following.)

☐ No (If no, skip to **Section C**.)

☐ We manage only exempt wastes.

☐ We closed prior to 1995; no dangerous waste treatment, storage, recycling, or disposal activities occurred during 1995.

☐ We did not treat, pre-treat, store, recycle, or dispose of dangerous waste during 1995.

☐ Other (please specify). \_\_\_\_\_

**C. Site-Wide Waste Minimization Activity Information**

**COMPLETE THIS SECTION ONLY FOR ODD (e.g. 1995, 1997) REPORTING YEARS.**

LQGs and TSDRs must complete this section. If you are not an LQG or a TSDR, proceed to Section D, Comments (page 20), if appropriate, or to the Certification (page 21).

Ecology is required by EPA to collect the following information every other year (biennially, during the odd reporting years—e.g., 1995, 1997). These questions **replace** the EPA Waste Minimization Report that you have received in the past from EPA. Ecology recognizes the limitations of the waste minimization questions contained in this form and in the GM Form and is collecting this information solely for provision to EPA as per EPA requirements. As a matter of policy in the State of Washington, Ecology will rely on the Pollution Prevention Plan and Progress Reports for information through which to analyze businesses' pollution prevention and waste minimization efforts. Please refer to the definitions of **source reduction** and **recycling** (see the Definitions section of *Book 2: Guidebook and Codes*) to help you complete this section.

These questions refer to **site-wide** waste minimization activities. The questions on the GM Form are **waste stream-specific**.

**C-1. Did this company/agency begin or expand a *source reduction* activity during 1994 or 1995?**

☐ Yes

☒ No

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C-2. Did this company/agency begin or expand a *recycling* activity during 1994 or 1995?

☐ Yes ☒ No

C-3. Did this company/agency systematically investigate opportunities for *source reduction* or *recycling* during 1994 or 1995?

☐ Yes ☐ No

**D. Comments**

Use this section to provide any additional comments, information, or explanation, if necessary. In your comments, **always** provide the reference to the specific question number (e.g., A-7).

Lined area for comments.

1995 GSI



# GENERAL SITE INFORMATION FORM

## Certification

Upon completion of all required forms, please provide the following information. First mark which form(s) you are submitting in this package. Then indicate the total number of pages in your submittal.

- ☒ General Site Information Form
- ☐ Generation and Management Form
- ☐ Off-Site Identification Information Form

8 Total number of pages submitted [Refer to the instructions "Page numbering your submittal" (page 4) for instructions on how to number the pages of your submission. After you compile and manually number all of the pages of your submittal including the "last page" on page 45, enter in the space provided the total number of pages being submitted. Then complete and sign the Certification below.]

The following must be signed by an authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink) \_\_\_\_\_

Name (print/type) Mike Cassidy

Date February 27, 1996

Title President

### PLEASE ENTER:

EPA/State ID number: WAD988510731

Site name: Long Services Corporation





**END OF REPORT**  
(Attach this page as the last page of your submission.)

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8230 5th Avenue So.  
Seattle, WA 98108-4533  
(206) 763-8433

## LETTER OF TRANSMITTAL

DATE	Feb. 28, 1996	JOB NO.
ATTENTION		
RE: Dangerous Waste Annual Report		

TO Washington Department of Ecology  
Hazardous Waste Information  
PO Box 47658  
Olympia, WA 98504-7658

GENTLEMEN:

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via \_\_\_\_\_ the following items.

☐ Material Submittals ☐ Prints ☐ Plans ☐ Specifications ☐ Color Samples

☐ Copy of letter ☐ Change order ☐ \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
1			Completed Dangerous Waste Annual Report

THESE ARE TRANSMITTED as checked by

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> For approval            | <input type="checkbox"/> Approval |
| <input type="checkbox"/> For your use            | <input type="checkbox"/> Return   |
| <input checked="" type="checkbox"/> As requested | <input type="checkbox"/> Approval |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> _____    |
| <input type="checkbox"/> FOR BIDS DUE            | _____                             |

PLEASE make 2/28  
a copy of  
the completed  
form for my original  
file 3 mail TO  
CBB

\_\_\_\_\_ copies for approval  
\_\_\_\_\_ copies for distribution  
\_\_\_\_\_ corrected prints

☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO

UBI #5  
LPC

NO C5780906870

91-0856060  
LSCO

600589769

(PDA)  
resident

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